### UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO EASTERN DIVISION

In re: Jerry Dale Manning : Case No. 17-55966

and

Ocie Ann Manning : Chapter 13

:

Debtors. : Judge John E. Hoffman, Jr.

:

#### AMENDMENT TO SCHEDULES I & J

Now comes the Debtors, Jerry Dale Manning and Ocie Ann Manning, by and through counsel, who hereby submit the attached Amended Schedules I & J to replace the ones which were originally scheduled with their Bankruptcy Petition. Debtors, through counsel, state that Debtor Husband has returned to full-time employment. His new Schedule I income is based on an average of his last four paystubs. Debtor-Wife has successfully paid back her 401(k) loan so deductions are no longer being taken from her pay for that purpose. All other information listed on the previously filed schedules are correct as previously filed.

/s/ Robert R. Goldstein
Robert R. Goldstein (0059561)
Attorney for Debtors
2734 E. Main Street
Columbus, Ohio 43209
(614) 231-0003
(fax) 231-1189

Email: bob@goldsteinlawohio.com

Fill in this information	to identify your case:	
Debtor 1	Jerry Dale Manning	
Debtor 2 (Spouse, if filing)	Ocie Ann Manning	
United States Bankrup	otcy Court for the: SOUTHERN DISTRICT OF OHIO	
	17-bk-55966	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Form	<u> 1061</u>	MM / DD/ YYYY

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job,	Employment status	■ Employed	■ Employed
attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
employers.	Occupation	Truck Driver	Senior Quality/Security Manage
Include part-time, seasonal, or self-employed work.	Employer's name	UPS Ground Freight Inc	UPS Ground Freight
Occupation may include student or homemaker, if it applies.	Employer's address	1000 Semmes Avenue Richmond, VA 23224	1000 Semmes Avenue Richmond, VA 23224
	How long employed ti	nere? 26 Years, 1 Months	25 Years, 10 Months

**Give Details About Monthly Income** 

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 7,859.00 7,012.77 deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 7,012.77 7,859.00

Official Form 106I Schedule I: Your Income page 1

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	otor 1 otor 2	Jerry Dale Manning Ocie Ann Manning	-	С	ase	e number ( <i>if known</i> )	2	:17-bk-559	966	
	<b>C</b> =	urling 4 hours	4			r Debtor 1	ı	For Debtor	pouse	
	Cop	y line 4 here	4.		\$_	7,012.77	•	\$ <b>7</b> ,	859.00	-
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$	2,178.36	9	\$ <b>2</b> ,	056.66	
	5b.	Mandatory contributions for retirement plans	5b.		\$	0.00	9	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.		\$ _	140.26	9	\$	234.18	
	5d.	Required repayments of retirement fund loans	5d.		\$	0.00	9	\$	0.00	-
	5e.	Insurance	5e.		\$_	90.00	5	\$	70.30	
	5f.	Domestic support obligations	5f.		\$_	0.00		\$	0.00	_
	5g.	Union dues	5g.		\$_	140.00		\$	0.00	
	5h.	Other deductions. Specify: UPSPAC Contrib	_ 5h		\$_		+ 5	·	30.00	
		United Way	_		\$_	52.00	,	\$	0.00	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	,	\$_	2,600.62	5	\$2,	391.14	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	\$_	4,412.15	9	\$ <b>5</b> ,	467.86	-
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	0.0		\$	0.00		Ť.	0.00	
	8b.	Interest and dividends	8a. 8b.		Φ \$	0.00		\$ \$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		Ψ_ \$	0.00		\$	0.00	-
	8d.	Unemployment compensation	8d.		\$ -	0.00		\$	0.00	-
	8e.	Social Security	8e.		\$ \$	0.00		\$	0.00	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0.00	Ç	<b></b>	0.00	-
	8g.	Pension or retirement income	8g.		\$_	0.00		\$	0.00	-
	8h.	Other monthly income. Specify:	_ 8h	+	\$_	0.00	+ 3	Ď	0.00	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	_	0.00	5	\$	0.00	)
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	\$		4,412.15 + \$_		5,467.86	= \$	9,880.01
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a cify:	deper			•				0.00
12.		the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certain lies							\$	9,880.01
13.		you expect an increase or decrease within the year after you file this form	?						Combir monthly	ned y income
	П	Yes. Explain:								

						_			
Fill	in this informa	ation to identify yo	our case:						
Deb	tor 1	Jerry Dale M	lanning			Ch	eck if this is:		
							An amended filing		
	tor 2	Ocie Ann Ma	anning					wing postpetition chap	oter
(Spo	ouse, if filing)						13 expenses as of	the following date:	
Unit	ed States Bank	ruptcy Court for the	: SOUTH	IERN DISTRICT OF OHIO			MM / DD / YYYY		
Cas	e number 2	:17-bk-55966							
(If kı	nown)								
O <sub>1</sub>	fficial Fo	orm 106J				ı			
		J: Your	Exper	ises					12/15
Be info nur	as complete ormation. If n mber (if know	and accurate as nore space is ne vn). Answer eve	s possible eded, atta ry questio	If two married people ar ch another sheet to this					
Par 1.	ls this a joi	ribe Your House nt case?	enoia						
	□ No. Go t								
		es Debtor 2 live	in a separ	ate household?					
	_ 100.20								
			ot filo Offici	al Form 106J-2, <i>Expense</i> s	for Congrete House	shold of Do	obtor 2		
	<u></u>	es. Debiol 2 mus	St life Offici	ai Foiiii 1005-2, Experises	Tor Separate House	ariola di De	DIOI Z.		
2.	Do you hav	e dependents?	■ No						
	Do not list Debtor 2.	Debtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debto		Dependent's age	Does dependent live with you?	
	Do not state	e the						□ No	
	dependents	names.						☐ Yes	
								□ No	
								☐ Yes	
								□ No □ Yes	
								☐ Yes	
								☐ Yes	
3.	•	penses include of people other t	han	No				_ 100	
	yourself an	d your depende	ents? □	Yes					
Par		nate Your Ongoi							
exp	imate your e enses as of dicable date.	a date after the	our bankr bankruptc	uptcy filing date unless y y is filed. If this is a supp	ou are using this followed and use of the second se	orm as a s e J, check	supplement in a Cha the box at the top o	apter 13 case to report of the form and fill in	ort the
				government assistance in Sluded it on Schedule I:					
(Off	ficial Form 1	061.)					Your exp	enses	
4.		or home owners nd any rent for th		ses for your residence. In	nclude first mortgag	e 4.	\$	1,510.01	
	If not inclu	ded in line 4:							
	4a. Real	estate taxes				4a.	\$	0.00	
		erty, homeowner's	s, or renter	's insurance		4b.	·	0.00	
				ıpkeep expenses		4c.	\$	50.00	
_		eowner's associa				4d.	·	30.00	
5	Additional	mortgage navm	ents tor vo	<b>our residence</b> , such as ho	me equity loans	5	*	0.00	

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	erry Dale Manning cie Ann Manning	Case num	ber (if known)	2:17-bk-55966
S. Utilities:				
	ectricity, heat, natural gas	6a.	\$	260.00
	ater, sewer, garbage collection	6b.		84.00
	elephone, cell phone, Internet, satellite, and cable services	6c.	\$	361.00
	her. Specify:	6d.	\$	0.00
	d housekeeping supplies	— 7.	\$	600.00
	re and children's education costs	8.	\$	0.00
	g, laundry, and dry cleaning	9.	· —	45.00
_	Il care products and services	10.	·	190.00
	and dental expenses	11.		60.00
	rtation. Include gas, maintenance, bus or train fare.			
	iclude car payments.	12.	\$	425.00
	nment, clubs, recreation, newspapers, magazines, and books	13.	\$	50.00
. Charitab	ole contributions and religious donations	14.	\$	0.00
. Insuranc	ce.			
	clude insurance deducted from your pay or included in lines 4 or 20.			
	e insurance	15a.	*	40.00
	ealth insurance	15b.		0.00
15c. Ve	Phicle insurance	15c.	\$	115.00
15d. Ot	her insurance. Specify: Boat Insurance	15d.	\$	60.00
. Taxes. D	Oo not include taxes deducted from your pay or included in lines 4 or 20.			
Specify:		16.	\$	0.00
	ent or lease payments:		_	
	ar payments for Vehicle 1	17a.	· -	0.00
	ar payments for Vehicle 2	17b.	·	0.00
	her. Specify:	17c.	•	0.00
	her. Specify:	17d.	\$	0.00
	yments of alimony, maintenance, and support that you did not report as	18.	\$	0.00
	d from your pay on line 5, Schedule I, Your Income (Official Form 106I).	10.		
Specify:	ayments you make to support others who do not live with you.	19.	\$	0.00
, ,	al property expenses not included in lines 4 or 5 of this form or on Sche		ur Income	
	ortgages on other property	20a.		0.00
	eal estate taxes	20b.		0.00
	operty, homeowner's, or renter's insurance	20c.		0.00
	aintenance, repair, and upkeep expenses	20d.	· · · · · · · · · · · · · · · · · · ·	0.00
	omeowner's association or condominium dues	20a. 20e.		0.00
Other: S		206.	•	
	· · · · · · · · · · · · · · · · · · ·			55.00
Care of	Pets (Dog and Cat)		+\$	45.00
Calculat	e your monthly expenses			
	l lines 4 through 21.		\$	3,980.01
	by line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	.,
	l line 22a and 22b. The result is your monthly expenses.		\$	3,980.01
			_ <b>-</b>	3,300.01
	e your monthly net income.		_	
	ppy line 12 (your combined monthly income) from Schedule I.	23a.		9,880.01
23b. Co	ppy your monthly expenses from line 22c above.	23b.	-\$	3,980.01
00 = 0	the section of the se			
	ubtract your monthly expenses from your monthly income.	23c.	\$	5,900.00
Ih	ne result is your monthly net income.	200.		0,000.00
For examp	expect an increase or decrease in your expenses within the year after yourle, do you expect to finish paying for your car loan within the year or do you expect your on to the terms of your mortgage?			ease or decrease because o
ПУ	Explain here:			

Fill in this infor	mation to identify your	case:		
Debtor 1	Jerry Dale Mannii	ng		
	First Name	Middle Name	Last Name	
Debtor 2	Ocie Ann Mannin	g		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	T OF OHIO	
Case number (if known)	2:17-bk-55966			

Check if this is an amended filing

### Official Form 106Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is N	IOT an attorney to help you fill out bankruptcy forms?
■ No	
☐ Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have re that they are true and correct.  X /s/ Jerry Dale Manning Jerry Dale Manning Signature of Debtor 1	X /s/ Ocie Ann Manning Ocie Ann Manning Signature of Debtor 2

### **CERTIFICATE OF SERVICE**

I hereby certify that on November 7, 2017, a copy of the foregoing Amended Schedules I, & J were served on the following registered ECF participants, electronically through the court's ECF System at the email address registered with the court:

Faye D. English

Assistant U.S. Trustee (Col)

Brian M. Gianangeli on behalf of Creditor Ohio Department of Taxation and on the following by ordinary U.S. Mail addressed to:

Jerry D. and Ocie A. Manning 3155 Weeping Spruce Drive Grove City, OH 43123

/s/ Robert R. Goldstein
Robert R. Goldstein (0059561)
Attorney for Debtors